## FORM D

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549



FORM D
NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

OMB Number:	3235-0076
Expires:	
Estimated average	burden
hours per form	16.00

SEC USE ONLY

rial

Name of Offering	(□ check if this is an amend	ment and name	has changed	, and indicate	change.)				
Issuance of shares of	<b>K2</b> Overseas Long Short F	und I, Ltd.	-			The state of the s	المُرَامَةُ المُرَامَةُ المُرَامِةُ المُرَامِةُ المُرَامِةُ المُرَامِةُ المُرَامِةُ المُرامِةُ المُرامِةُ المُ	7	
Filing Under (Check bo Type of Filing:		☐ Rule 504 ☑ Amendment	☐ Rule 5	05 🛛 I	Rule 506	FE'S	ection(4(6)	\$000 ₩ ULC	DE .
		A. BASI	C IDENTIF	ICATION D	ATA	ASH.	1 J 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	SIN	
1. Enter the informat	ion requested about the issu	er				D)		16 N	
Name of Issuer K2 Overseas Long Sh	check if this is an amendn	nent and name	has changed	and indicate o	change.		SECTION	N N	
Address of Executive C c/o Maples Finance B	Offices VI Limited, Kingston Cham	bers, P.O. Box		nd Street, City, own Tortola B		ode)	Telephone N	Number (Ind	cluding Area Code)
Address of Principal Of (if different from Execut			(Number ar	nd Street, City,	State, Zip Co	ode)	Telephone I	Number (Inc	cluding Area Code)
Brief Description of Bus	siness: Private Investm	ent Company							
	nization corporation business trust		partnership, a	Iready formed o be formed		☐ oth	er (please s	specify)	
	te of Incorporation or Organiation or Organiation or Organization: (Enter	two-letter U.S.		e Abbreviation	•	5	] 🛛 A	ctual	☐ Estimated

#### **GENERAL INSTRUCTIONS**

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

#### **ATTENTION**

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

<ul><li>Each beneficial own</li><li>Each executive office</li></ul>	ne issuer, if the iss ner having the pov cer and director of	suer has been organized wit wer to vote or dispose, or di			a class of equity securities of the issuer; rtnership issuers; and
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☑ Investment Manager
Full Name (Last name first,	f individual): <b>K2/</b>	D&S Management Co., L.L	<b>c</b> .		
Business or Residence Add	ress (Number and	Street, City, State, Zip Coo	de): 300 Atlantic Street, 12	th Floor, Stamford	d, Connecticut 06901
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first,	f individual): Do	uglas III, William A.	il		
Business or Residence Add 300 Atlantic Street, 12 <sup>th</sup> Flo			de) c/o K2/D&S Manageme	ent Co., L.L.C.	
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first,	f individual): Sau	nders, David C.			
Business or Residence Add	•	•	de): c/o K2/D&S Managem	ent Co., L.L.C.	
300 Atlantic Street, 12 <sup>th</sup> Flo Check Box(es) that Apply:	Promoter	Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or Managing Partner
Full Name (Last name first,	f individual): Chr	istie, Stephanie		-	
Business or Residence Add		-	de): c/o K2/D&S Managem	ent Co., L.L.C.	
300 Atlantic Street, 12 <sup>th</sup> Flo Check Box(es) that Apply:	Promoter	Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first,	f individual): Tex	as Treasury Safekeeping	Trust Co.		
Business or Residence Add	ress (Number and	Street, City, State, Zip Coo	de): 111 E. 17 <sup>th</sup> Street., Aus	stin, TX 78711	
Check Box(es) that Apply:	☐ Promoter	☑ Beneficial Owner	Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first,	f individual): PF#	A Pension	:		
Business or Residence Add	ress (Number and	Street, City, State, Zip Coo	de): Sundkrogsgrade 4, 21	100 Copenhagen	OE, Denmark
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual):		- ú		
Business or Residence Add	ress (Number and	Street, City, State, Zip Coo	de):		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual):	· · · · · · · · · · · · · · · · · · ·	- <u>-                                  </u>		
Business or Residence Add	ress (Number and	Street, City, State, Zip Coo	de):		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	Executive Officer	☐ Director	☐ General and/or Managing Partner

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

1.	Has the issue	er sold, or o	does the is	suer inten			edited inve endix, Col					☐ Yes	⊠ No
2.	What is the n	ninimum in	vestment t	hat will be	accepted	from any i	ndividual?.	\$					,000,000* bject to reduction
3.	Does the offe	ering permi	t joint owne	ership of a	single uni	t?						⊠ Yes	s □ No
	Enter the info any commiss offering. If a and/or with a associated p	ion or simi person to l state or st	lar remune be listed is ates, list th	ration for s an associ e name of	solicitation ated perso f the broke	of purcha on or agen r or dealer	sers in cor t of a broke r. If more t	nection w er or deale han five (5	ith sales of r registere ) persons	f securities d with the to be liste	s in the SEC d are		
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	lorgan Secu				01-1		0 - 4 - )	045 D		oth El	<b></b>		40454 4000
Busir	ess or Resid	ience Adar	ess (Numb	er and Str	eet, City, 8	state, Zip	Code)	345 Pari	( Avenue,	6" Floor,	New York	, New York	10154-1002
Nam	e of Associat	ed Broker	or Dealer										
	s in Which P (Check "All S												☐ All States
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Busir	ess or Resid	ence Addr	ess (Numb	er and Str	reet, City, S	State, Zip	Code)	1					
Nam	e of Associat	ed Broker	or Dealer		<u> </u>			<del></del>					
State	s in Which P (Check "All S	erson Liste states" or cl	d Has Soli heck indivi	cited or In	tends to S	olicit Purel	nasers						☐ All States
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Full	lame (Last n	ame first, it	individual	)			_	1					
Busir	ness or Resid	lence Addr	ess (Numb	per and Str	reet, City, S	State, Zip	Code)						
Nam	e of Associate	ed Broker	or Dealer					<u> </u>					
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B. INFORMATION ABOUT OFFERING

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

### C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount alread sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box [] and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.	ly			
	Type of Security		Aggregate Offering Price		Amount Already Sold
	Debt	<u>\$</u>		\$	
	Equity	<u>\$</u> _		\$	
	☐ Common ☐ Preferred				
	Convertible Securities (including warrants)	<u>\$</u> _		\$	
	Partnership Interests	<u>\$</u>		\$	
	Other (Specify) Shares	\$	500,000,000	\$	207,487,408
	Total	\$	500,000,000	\$	207,487,408
	Answer also in Appendix, Column 3, if filing under ULOE				
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				
			Number Investors		Aggregate Dollar Amount of Purchases
	Accredited Investors		87	\$	207,487,408
	Non-accredited Investors		n/a	\$	n/a
	Total (for filings under Rule 504 only)	<u> </u>	0	\$	0
	Answer also in Appendix, Column 4, if filing under ULOE				•
3.	If this filling is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C—Question 1.	9S )			
	Type of Offering		Types of Security		Dollar Amount Sold
	Rule 505		•	s	n/a
				<u>*</u>	_
	Regulation A			3	n/a
	Rule 504		n/a	<u>\$</u>	n/a
	Total		n/a	<u>\$</u>	n/a
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure not known, furnish an estimate and check the box to the left of the estimate.	is			
	Transfer Agent's Fees		🗆	\$	
	Printing and Engraving Costs	•••••	🗆	\$	
	Legal Fees		🛛	\$	31,133
	Accounting Fees			\$	
	Engineering Fees.			\$	
	Sales Commissions (specify finders' fees separately)		🗆	\$	
	Other Expenses (identify)		🗖	\$	· · · · · · · · · · · · · · · · · · ·
	Total		🛛	\$	31,133

4	b.Enter the difference between the aggregate offering price given in response to Part C–and total expenses furnished in response to Part C–Question 4.a. This difference is the gross proceeds to the issuer."	adjusted			<u>\$</u>	499,96	8,867
5	Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed used for each of the purposes shown. If the amount for any purpose is not known, furnise estimate and check the box to the left of the estimate. The total of the payments listed method adjusted gross proceeds to the issuer set forth in response to Part C – Question 4.b.	h an ust equal					
			Payments Officers				
			Directors Affiliates			Payme Oth	
	Salaries and fees		\$	0		\$	0
	Purchase of real estate		\$	0		\$	0
	Purchase, rental or leasing and installation of machinery and equipment		\$	0		\$	0_
	Construction or leasing of plant buildings and facilities		\$	0		\$	0
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issued.	er					
	pursuant to a merger		\$	0		\$	0
	Repayment of indebtedness		\$	0		\$	0
	Working capital		\$	0	$\boxtimes$	\$499,	968,86
	Other (specify):		\$	0		\$	0
			\$	0		\$	0
	Column Totals		\$	0	$\boxtimes$	\$499,	968,86
	Total payments Listed (column totals added)		$\boxtimes$	\$49	9,9	<u>68,867</u>	
<u> </u>	D. FEDERAL SIGNATU	IPF		<u> </u>			
СО	is issuer has duly caused this notice to be signed by the undersigned duly authorized persinstitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Comethe issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.						
	suer (Print or Type) Signature			Da		24 22	0.4
	verseas Long Short Fund I, Ltd. 07 Title of Signer (Print or Type)	<del></del>	<del></del>	JU	ıne	21, 20	U 6
	ephanie Christie Director						
			· · · · · ·			<del></del>	
	ATTENTION						
	Intentional misstatements or omissions of fact constitute federa	l criminal	violations. (See 1	8 U.S.C	. 1001	.)	

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1. Is any party described in 17 CFR 230.252(c), (d), (e) or (f) presently subject to any of the disqualification provisions of such rule?

See Appendix, Column 5, for state response.

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature	Date
Overseas Long Short Fund I, Lt	d. Shot h	June 21, 2006
Name of Signer (Print or Type)	Title of Signer (Print of Type)	
Stephanie Christie	Director	

#### Instruction:

(2

Print the names and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manual not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

1		2	3	3							
	to non-a	d to sell accredited s in State – Item 1)	Type of security and aggregate offering price offered in state (Part C – Item 1)		Disqualification under State ULOI (if yes, attach explanation of waiver granted) (Part E – Item 1)						
State	Yes	No	Shares of K2 Overseas Long Short Fund I, Ltd.	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No		
AL											
AK											
AZ											
AR					i						
CA		Х	\$500,000,000	1	\$1,000,000	0	\$0		Х		
со					,						
СТ		Х	\$500,000,000	1	\$2,500,000	0	\$0		х		
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NM					<del></del>						

ii (	Intend to non-ac	to coll								
NY NC ND OH OK OR PA RI	(Part B -	credited in State	Type of security and aggregate offering price offered in state (Part C – Item 1)		Type of investor and Amount purchased in State (Part C – Item 2)					
NC ND OH OK OR PA RI	Yes	No	Shares of K2 Overseas Long Short Fund I, Ltd.	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
ND OH OK OR PA RI		Х	\$500,000,000	9	\$8,600,000	0	\$0		Х	
OH OK OR PA RI		•			i i				1	
OK OR PA RI										
OR PA		Х	\$500,000,000	1	\$1,000,000	0	\$0		х	
PA RI										
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